

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		08/21/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	9-24-00
FORMALITY REVIEW	A.S.	373	9-26-00
RESPONSE FORMALITY REVIEW	SIC	809	12/27/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	03/02
2	✓	✓	10/02
3	✓	✓	10/02
4	✓	✓	05/03
5	✓	✓	05/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy